CERTIFICATE OF COMPLIANCE		
This certificate shall be signed by an official of the company that provides cranes for any		
application under this contract. Post a completed certificate on each crane brought onto		
Navy property.  PRIME CONTRACTOR /PHONE:  CONTRACT NUMBER:		
CONTRACT NUMBER:		
CDANE NI IMPED.		
CRANE NUMBER:		
(i.e., ID number)		
CRANE MANUFACTURER/TYPE/CAPACITY:		
CRANE OPERATOR'S NAME(S):		
regulations (host country		
following regulations		
apply:		
2. That the operators noted above have been trained and are qualified for the operation		
a are quamied for the operation		
t to bypass safety devices		
during lifting operations.		
DATE:		
POST ON CRANE		
(IN CAB OR VEHICLE)		